

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40810  
STATE FILE NUMBER

FILED NOV 25 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 537

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission only) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>				c. CITY OR TOWN <b>JOPLIN</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>902 MONROE</b>				d. STREET ADDRESS (If outside, give location) <b>902 MONROE</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>AMANDA</b> Middle <b>E.</b> Last <b>NIEL</b>				4. DATE OF DEATH Month <b>NOV</b> Day <b>3</b> Year <b>1957</b>			
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>NOV 7, 1887</b>	
9. AGE (In years last birthday) <b>69</b>		10. FUNDER 1 YEAR Months <b>6</b> Days <b>9</b>		11. IF UNDER 24 HRS. Hours <b>6</b> Min. <b>9</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>DOMESTIC</b>			
11. BIRTHPLACE (City and state or country) <b>SAGINAW, MO</b>				12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
13a. FATHER'S NAME <b>GEORGE MEMULLEN</b>				13b. MOTHER'S MAIDEN NAME <b>AMERICA J. FLICK</b>			
14. NAME OF HUSBAND OR WIFE <b>ALBERT NIEL</b>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>			
16. SOCIAL SECURITY NO. <b>-</b>				17. INFORMANT Address <b>ALBERT NIEL JOPLIN, MO.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of breast</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 yrs</b>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____			
21. I attended the deceased from <b>1-21-57</b> to <b>10-22-57</b> and last saw her alive on <b>10-22-57</b> Death occurred at <b>2:30 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>A. Hamilton M.D.</b> (Degree or title)				22b. ADDRESS <b>Trisco Bldg Joplin Mo</b>			
22c. DATE SIGNED <b>11-15-57</b>				22d. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>Nov 6, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>SAGINAW CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>SAGINAW MO</b>	
24. FUNERAL DIRECTOR <b>Hurdle &amp; Glover, Joplin</b> ADDRESS _____				25. DATE RECD. BY LOCAL REG. <b>11-19-1957</b>			
26. REGISTRAR'S SIGNATURE <b>Dore McCreary</b>				26. REGISTRAR'S SIGNATURE			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Dale Gerson  
Licensed Embalmer No. 4893  
P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.